



Commonwealth  
of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Oct 22, 2011 Ending Date: Dec 31, 2011

Type of Report: (Check one)

☐ 8th day preceding preliminary ☐ 8th day preceding election ☐ 30 day after election ☒ year-end report ☐ dissolution

CTE Dennis Michael Sullivan
Candidate Full Name (if applicable)
Alderman-at-Large
Office Sought and District
138 Ten Hills Road, Somerville MA 02145-1033
Residential Address
Telephone Number (optional): (617) 628-1857

CTE Dennis Michael Sullivan
Committee Name
Alderman-at-Large
Name of Committee Treasurer
138 Ten Hills Road, Somerville MA 02145-1033
Committee Mailing Address
Telephone Number (optional): (617) 628-1857

## SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	980
Line 2: Total receipts this period (page 3, line 11)	300
Line 3: Subtotal (line 1 plus line 2)	1,280
Line 4: Total expenditures this period (page 5, line 14)	1,214.27
Line 5: Ending Balance (line 3 minus line 4)	65.73
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used:	Somerville Municipal Federal Credit Union

### Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

*Danoria Sullivan*

(Treasurer's signature)

Date: Jan 18, 2012

### FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

#### Candidate with Committee and no activity independent of the committee

☒ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

#### Candidate without Committee OR Candidate with independent activity filing separate report

☐ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

*Dennis M. Sullivan*

(Candidate's signature)

Date: Jan 18, 2012

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## SCHEDULE A: RECEIPTS

*M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.*

**(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Oct 22, 2011	George Sacco 86 Badger Road Medford MA 02155	50	
Oct 25, 2011	Daniel Sullivan 8 Florence Street Somerville MA 02145	150	
Oct 25, 2011	Joseph Sullivan 8 Florence Street Somerville MA 02145	100	
Line 9: Total Receipts over \$50 (or listed above)		300	
Line 10: Total Receipts \$50 and under* (not listed above)			
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		<b>300</b>	← Enter on page 1, line 2

\* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

CTE Dennis M. Sullivan

## SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Nov 3, 2011	Murdock Mailing Co., Inc.	65 Sprague Street Boston, MA 02136	Mail Handling Fee	285.83
Nov 18, 2011	Somerville Blue Liners (Youth Hockey Program)	Somerville, MA	Charitable Contribution	50
Nov 30, 2011	Cambridge Offset Printing	56 Creighton Street Cambridge, MA 02140	100 20x28 Foldover signs	398.44
Dec 3, 2011	Toys for Local Children	Somerville, MA	Charitable Contribution	50
Dec 3, 2011	The Somerville News	Somerville, MA	"MERRY CHRISTMAS AD"	80
Nov 11, 2011	Dennis Sullivan	138 Ten Hills Road Somerville, MA 02145	See "Form CPF R1: ITEMIZATION OF REIMBURSEMENT"	350
Line 12: Total Expenditures over \$50 (or listed above)				1,214.27
Line 13: Total Expenditures \$50 and under* (not listed above)				
Enter on page 1, line 4 → <b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>				1,214.27

\* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

CTE Dennis M. Sullivan

## SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

[illegible]

\* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

CTE Dennis M. Sullivan

## SCHEDULE D: LIABILITIES

*M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.*

[illegible]

Enter on page 1, line 7 →

**Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)**

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CTE Dennis M. Sullivan



Commonwealth  
of Massachusetts

## Form CPF R 1: Itemization of Reimbursements Office of Campaign and Political Finance

Office of Campaign and Political Finance  
One Ashburton Place, Room 411  
Boston, MA 02108  
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement:		11-11-12
Name of Individual Being Reimbursed:	DENNIS SULLIVAN	
Committee Name:	CTE DENNIS M. SULLIVAN	
CPF ID Number (if applicable):		Telephone Number (optional):

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
10-25-11	VINNY'S	76 Broadway Somerville, MA, 02145	FOOD FOR SENIOR PARTIES	\$90.00
11-7-11	MAY'S CAFE	367 Main Street Medford, MA 02155	FOOD FOR SENIOR PARTIES	\$225.00

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):

Line 2: Expenditures \$50 or under (not itemized):

Line 3: TOTAL AMOUNT REIMBURSED:

35

350

Signed under the penalties of perjury:

*Dennis Sullivan*  
Signature of Candidate / Treasurer

Date: 11-11-12

Please prepare a separate report for each reimbursement check issued by the committee.

CTE Dennis M. Sullivan

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